



APPLICATION FOR A PERMIT TO HUNT WITH A CROSSBOW
OR MODIFIED LONG, RECURVE OR COMPOUND BOW.
FORM 301-02

LEAVE BLANK—F&W USE ONLY	
Permit Number	
Issued By	Date Issued
Approved by: _____	
Date: _____	

The Division will not consider your application unless you complete and submit this application form.

Application must be filled out completely. Incomplete applications will be returned.

Mail this completed application form to the: **New Jersey Division of Fish & Wildlife**
Handicapped Permit Section
PO Box 400, Trenton, NJ 08625-0400

SECTION I—TO BE COMPLETED BY APPLICANT (Please type or print legibly)

Applicant's Name			Driver's License Number			
Street or Route			Telephone Number (include area code)			
City, State, Zip Code						
Date of Birth Mo. _____ Day _____ Year _____	Color Eyes	Color Hair	Weight	Height	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	

I certify that I have read and understand the laws and regulations as they apply to this permit. The statements I make are true, correct and complete, and I realize that applying with false information could result in prosecution.

Applicant's Signature _____ Date Signed _____

Yes No

☐ ☐ I wish to be considered for a permit to modify a long, recurve, or compound bow with adaptive equipment, if my application for a crossbow permit is denied.

SECTION II—TO BE COMPLETED BY A PHYSICIAN LICENSED TO PRACTICE MEDICINE WITHIN SIX (6) MONTHS OF SUBMISSION OF THIS APPLICATION.

Applicant must have a disability that meets any one of the following criteria.

- Does applicant have an amputation or other loss of one or both arms above the wrist? ☐ Yes ☐ No
- Does applicant have an amputation or other loss of the index or middle finger on the hand used to draw and release the bow? ☐ Yes ☐ No
- Does applicant have a permanent substantial loss of function or range of motion in one or both arms, on one or both hands, or one or both shoulders? Applications submitted under this paragraph need additional documentation to obtain approval. (See reverse side No. 2). ☐ Yes ☐ No
- CARDIOVASCULAR DISEASE (Licensed Physician)
Does applicant suffer from cardiovascular disease to the extent that functional limitations are classified in severity as Class 3 or 4 according to standards accepted by the American Heart Assoc.? ☐ Yes ☐ No

Use this space to explain disability in laymen terms. Print clearly.

Completed By (Doctor's Signature)	Medical License Number	Issuing State
Address	Telephone Number (include area code)	
City, State, Zip Code	Date Signed	

**APPLICATION TO HUNT WITH A CROSSBOW
FOR DISABILITIES ASSOCIATED WITH
MUSCLE WEAKNESS OR LIMITED RANGE OF MOTION**

1. Note to the applicant: individuals applying for a permit to hunt with a crossbow who are denied because they do not meet the standards set forth in the application may request a permit to modify a long, recurve, or compound bow with adaptive equipment by checking the appropriate box on this form.
2. Additional documentation. Obtaining a permit under question #3 will require that:
 - a. if the extent of your disability has never been measured or tested, your physician will need to direct the administration of the testing procedures indicated below. The results will need to be attached to this application.
 - b. previous test results may be used for documentation if your physician is willing to attach those results to this application along with a statement that your condition is still permanently disabling.

In New Jersey, registered occupational and physical therapists are licensed to conduct exams for muscle and range of motion disabilities. The therapist, ON ORDERS from a physician, will conduct a test of the area of the body that you feel restricts your use of conventional archery equipment because of muscle weakness or limited range of motion.

NOTE TO EXAMINER: You may use any medically accepted standard testing procedures to examine for muscle weakness or range of motion limitations of the shoulder. You should ascertain from the applicant or physician which muscle group is the source of the disability. Pain or lack of endurance alone cannot be used as grounds for granting a crossbow permit. Loss of function of the arm or hand must be substantiated through use of the standard upper extremity pinch, grip and 9-hole test.

If muscle strength tests are scored using the scoring grades “normal” through “zero,” scores at “fair” or below are sufficient proof to grant the permit. If tests are scored using the “5” through “0” scoring grades, a score of 3 or less is sufficient proof to grant the permit. If tests are using “functional” scoring grades, scores of “nonfunctional” or less is sufficient proof to grant the permit. If the range of motion disability is 50% or more of full range, the permit can be granted.

If the applicant is being tested for a “coordinative” disability and is given the “nine (9) hole peg test” and the score falls below the age-sex adjusted 10th percentile, the permit can be granted. If the “Mathiowetz” scoring tables are used, age and sex adjusted scores higher than 1.4 times the mean are sufficient for granting the permit.

If age and sex adjusted percentile scoring tables are used (such as the grip or pinch tests), scores falling under the 10th percentile are sufficient proof to grant the crossbow hunting permit. If the “Mathiowetz” scoring tables are used, scores falling below 55% of the age and sex adjusted mean scores are sufficient proof to grant the permit.

Attach a copy of your testing protocol and results and check the appropriate box below. (Permit cannot be approved without results attached to this application.)

BASED ON THE EXAMINATION CONDUCTED:

- ☐ THE APPLICANT IS ELIGIBLE FOR A PERMIT TO HUNT WITH A CROSSBOW (also a permanent disability).
- ☐ THE APPLICANT IS NOT ELIGIBLE FOR A PERMIT TO HUNT WITH A CROSSBOW.

Examiner's Signature _____
(Individual who conducted testing)

Examiner's Title _____

Examiner's Phone Number () _____ Date Signed _____